

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

**REGISTRATION AS AN
INSTRUCTOR STUDENT
AND NOTIFICATION OF STUDENT
ENTRANCE**

Indicate the type of student

- ☐ Cosmetology Instructor
☐ Esthetic Instructor

Print or Type

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET (http://www.hhs.state.ne.us/lis/lisindex.htm)				
1.	Name:	First	Middle	Last
2.	Address:	Street/PO/Route		
		City	State	Zip
3.	Date Of Birth:		4.	PLACE OF BIRTH (city/state):
5.	Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			
6.	Date of Completion of High School or GED:	_____ High School _____ Equivalent (GED)		
7.	Nebraska Cosmetology or Esthetics License #:		8.	Expiration Date of License:
✓Attach a copy of your birth certificate or equivalent document; ✓Attach a copy of verification of high school education or equivalent (GED) Documents written in a language other than English must include an original notarized translation of the document				
9	Name of school attending:			
	School location			

SECTION B - AFFIDAVIT OF STUDENT (All students must complete this section of the application before a Notary Public)

STATE OF _____)
) ss
COUNTY OF _____)

I, _____ being duly sworn say that I am the person referred to on this application and that the statements herein are true and complete.

(Legal Signature of Applicant)

Sworn before me this _____ day of _____, 20 ____.

(Notary Public)

S E A L

SECTION C - AFFIDAVIT AND STUDENT ENTRANCE NOTIFICATION

**This section must be completed by the
School of Cosmetology or School of Esthetics**

The records of _____
(School) (City)

Nebraska indicates that _____, is or shall be a student instructor and has met
(Student's Name)

the high school completion requirement and is currently licensed as a cosmetologist in Nebraska, prior to beginning training as evidenced by the attached documents. Furthermore, this completed application for Registration as a Student Instructor of Cosmetology or Esthetics and Notification of Student Entrance has been mailed to the Credentialing Division **within 5 days** of enrollment.

First day of class attendance is/was: _____
(Month/Day/Year)

STATE OF _____)
COUNTY OF _____) ss

I, _____ being duly sworn say that the above statements are true and complete.

(Signature of School Owner/Manager)

Sworn before me this _____ day of _____, 20 _____.

(Notary Public)

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